

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received 8/25/10
Amount \$ 1320.00

I. IDENTIFICATION

Name Park Terrace Health Campus

Address 9700 Stonestreet Road

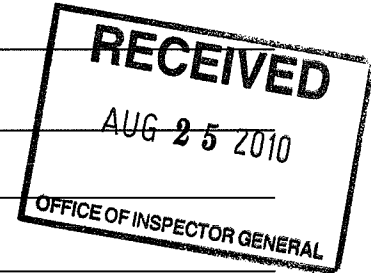
City/County/Zip Louisville, KY 40272

Telephone number (502) 995-6600

Administrator Angie Decker

Date facility operation began at current address 08/30/06

Date facility began operation under current owner 08/30/06



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>88</u>	<u>88</u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State
County
City
Private

Profit
Nonprofit

Individual
Partnership
Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Trilogy Healthcare of Louisville Southwest, LLC
1650 Lyndon Farm Court, Suite 201
Louisville, KY 40223

If facility owned or leased by a corporation, complete the following:

Name of corporation Trilogy Healthcare of Louisville Southwest, LLC
Address of corporation 1650 Lyndon Farm Court, Suite 201
President or Chairman Randall J. Bufford
Vice President Steven Van Camp
Secretary _____
Treasurer Leigh Ann Barney

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

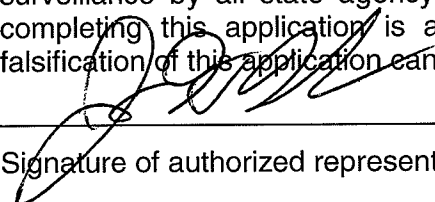
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.



Signature of authorized representative

VP Fin Ops

Title

8/24/10

Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5

(10/2002)

Trilogy Health Services, LLC			
<i>Trilogy Healthcare of Louisville Southwest LLC d/b/a Park Terrace Health Campus</i>			
Trilogy Health Services Owners	5% or greater interest		
Name	Title	Address	Telephone
Trilogy Investors, LLC	Owner		
Trilogy Health Services, LLC	Wholly owned by TI		
Trilogy Health Services Officers			
Name	Title	Address	
Leigh Ann Barney	SVP-Ancillary Services		
Randall J. Bufford	President		
Philip Caldwell	EVP-Operations		
Paul P. Plevyak	SVP-Finance		
Steven Van Camp	Chief Financial Officer		
Leo T. Whitt	SVP - Business Development		
Trilogy Health Services Directors			
Name	Title	Address	
Denis Brosnan	Director		
Mike Parsons	Director		
Eddie Irwin	Director		
Keith Crockett	Director		
Randy Bufford	Director		
Phil Caldwell	Director		
Steve Van Camp	Director		
J. Trent Anderson	Director		